## RFP 16-01 EXHIBIT F

# **Corporations & Charities System**

## **Staff Console Screen Content for:**

- Charities
- Fundraisers
- Trusts

#### **About This Document**

This document presents the proposed content of data-entry screens for the Staff Console component of the future Corporations & Charities System. These data-entry screens will be used by division staff to manually enter content from paper filings into the system.

The proposed screen content is based on the online filing user interface mockups prepared by Logic 20/20 and approved by Corporations & Charities Division. There may be data fields presented in this document that the division wishes to collect from online filers but does not wish to collect from paper filers.

Subject matter experts and stakeholders are requested to review and mark up this document. The targeted end product is a list of fields that should be included on each data-entry screen, arranged in the order that will best facilitate efficient entry of the data as it is transcribed from paper documents. Ideally the field order on the screen should match the data order on the paper document, but the paper forms currently in use do not necessarily collect all of the desired data. Therefore, when deciding on screen content and field order, reviewers should keep in mind what data they would like to collect on future versions of paper forms and other documents.

Before you begin marking up this document, please ensure that you have turned on the Track Changes feature in Microsoft Word.

Attn. Reviewer - Please enter the name of the person or persons who reviewed this document, below.

This Document Reviewed By:		

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## **Version History**

Version	Date	Author	Notes
0.1	1/19/2015	Jeff Parks	Initial draft.
1.0	5/14/2015	Jeff Parks	Final draft.

### 1. List of Screens

This section presents a list of the screens for which content is proposed in this document, along with the section number in which the screen's contents are detailed in this document. Each screen represents a different type of filing that can be entered into the system. Reviewers should begin by confirming that:

- 1. The screens are correctly named.
- 2. All necessary screens are listed here.

#### **Charities Screens**

- Register Charitable Organization (Section 2.1.1)
- Amend Charitable Organization (Section 2.1.2)
- Renew Charitable Organization (Section 2.1.3)
- Close Charitable Organization (Section 2.1.4)
- Register Fundraising Service Contract (Section 2.1.5)
- Register Exempt Charitable Organization (Section 2.1.6)
- Amend Exempt Charitable Organization (Section 2.1.7)
- Renew Exempt Charitable Organization (Section 2.1.8)
- Close Exempt Charitable Organization (Section 2.1.9)

#### **Fundraisers Screens**

- Register Fundraiser Organization (Section 2.2.1)
- Amend Fundraiser Organization (Section 2.2.2)
- Renew Fundraiser Organization (Section 2.2.3)
- Close Fundraiser Organization (Section 2.2.4)

#### **Trusts Screens**

- Register Charitable Trust (Section 2.3.1)
- Amend Charitable Trust (Section 2.3.2)
- Renew Charitable Trust (Section 2.3.3)
- Close Charitable Trust (Section 2.3.4)

## 2. Screen Contents

When reviewing the contents listed for each screen, keep in mind that it is not always necessary to record each piece of data included on a paper filing. The data that is manually entered into the system should serve a business purpose. Additional data not entered into the system will remain accessible via the document image stored in the system. Also, remember that you are asked to review not just for content, but also for the order of the fields, and it is likely that Corporations & Charities Division will need to re-design some of its paper forms to support changes to the data that the division wishes to collect.

Before you begin to review the screen contents, please familiarize yourself with this key to the notation used to present the contents:

Element	Description
Plain text	Represents either a field name or a question that proceeds selectable options.
Bolded text	Represents a section heading.
[Square-bracketed text]	Represents a button.
<angle-bracketed text=""></angle-bracketed>	Represents text where the actual text that will appear is the text described inside the brackets.
	Represents a check box. Each check box is followed by its label.
0	Represents an option. Each option is followed by its label. Only one of the available options can be selected.
(Blue text)	Blue text in parentheses represents notes about the screen contents.

#### 2.1. Charities Screens

This section details the contents of the Charities screens listed in Section 1.

#### 2.1.1. Register Charitable Organization

The Register Exempt Charitable Organization screen allows the user to enter data into the system per the customer's registration form.

#### Fields on this screen

**FEIN** 

Entity name

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

#### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

### **Entity street address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### Other addresses used for soliciting

[Add Address] (Presents another set of address fields like the above. User can add as many

addresses as necessary.)

#### **Organizational Structure**

O Non-profit corporation

Location (Default is Washington.)

UBI

☐ UBI not provided

Country (If user selects "Foreign Country" as Location.)

O Other (Has text entry field.)

Also Known As names	(Optional field. User o	an add as many as needed.)
Purpose/mission of organizatio	n	
Federal Tax Exemption		
O Exempt		
Federal Status Type		
IRS Determination Lette	er attached?	
O Yes O No		
O Non-exempt		
If federal tax exempt but not re	equired to apply for IRS	ruling/designation, reason(s) why:
☐ Church/church affiliated	11.7	(Must select at least one.)
☐ Government entity		,
☐ Annual gross receipts norma	lly \$5,000 or less	
Financial Information		
Organization has completed a f  O Yes	ull accounting year	
Accounting yea	r beginning date	(Field appears if "Yes" option is selected.)
Ending date		(Field appears if "Yes" option is selected.)
O No		
First accounting	g year end date	(Field appears if "No" option is selected.)
(If "Yes" option is selected.)		
Beginning gross assets		
Gross dollar value of all	contributions from sol	icitations
Gross dollar value of re	venue from all other so	
Total gross receipts		(Calculated by system.)
Gross dollar value of ex		n services
Total gross dollar value	of all expenditures	
Ending gross assets		
Percentage to program		(Calculated by system.)
Solicitation comments	(Optional field.)	
☐ Organization solicited or coll	ected contributions in	Washington during accounting year reported
(Below check boxes app	pear if above check box	is selected.)
☐ Entertainment/Spec	ial Events	
☐ Telephone		

	ontact	on (Has text entry field.)
☐ Organization is regis	stered to fundraise o	outside of Washington
(Below question	on & options appear	if check box is selected:)
List of other st	ates where registere	ed is attached?
O Yes		
O No		
(For each officer/person First name Last name		
State Country Phone		
[Add Another Officer/I	-	resents another set of fields like the above. User can add as any officers/persons as necessary.)
☐ Organization pays a	ny officers or emplo	yees
Name		neck box selected. User can enter up to 3 names. Names highest paid officers or employees.)
Legal Information Entity name First name Last name Address 1		

Address	2 (Optional field.)
Zip City	(Entering zip here enables auto-fill on rest of address.)
State	
Country	
☐ Applyi	ng organization states that it has legal actions
(	Below question & options appear if check box is selected:)
	Organization has submitted list of legal actions, including court or other forum, case number, itle of legal action, and date of each action?  O Yes
	O No
Commer	cial Fundraisers
☐ Organ	ization uses one or more commercial fundraisers to solicit contributions in Washington
(	If check box is selected, user can access search feature that allows fundraisers to be searched
	on and added. Fundraisers previously added for the charity are already listed, and user can
r	emove them as necessary. Below question & options appear if check box is selected:)
A	All reported fundraisers are registered?
	O Yes
	O No
	(If "No" option is selected:)
	Name of unregistered fundraiser (User can add as many as necessary.)
Authoriz	ed Person
Registrat	ion includes signature, printed name & title, and signature date for charity's president,
treasure	r, or comparable officer
(	O Yes
(	O No
First Nan	ne
Last Nam	ne
Title	
Contact	Information
First Nan	ne
Last Nam	ne
Phone	
E-mail	

#### 2.1.2. Amend Charitable Organization

The Amend Charitable Organization screen allows the user to modify the necessary system fields per the customer's amendment form.

#### Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system

has for charity. Registration number is most likely entered during mail receipt

process.)

**FEIN** 

Entity name

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### **Entity street address**

☐ Same as mailing address (Imports mailing address info.)

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

(Additional addresses will appear if more addresses have previously been added.)

#### Other addresses used for soliciting

[Add Address] (Presents another set of address fields like the above. User can add as many

addresses as necessary.)

#### **Organizational Structure**

O Non-profit corporation

Location (Default is Washington.)

UBI

☐ UBI not provided (If user selects "Foreign Country" as Location.) Country O Other (Has text entry field.) (Optional field. User can add as many as needed.) Also Known As names Purpose/mission of organization **Federal Tax Exemption** O Exempt Federal Status Type IRS Determination Letter attached? O Yes O No O Non-exempt If federal tax exempt but not required to apply for IRS ruling/designation, reason(s) why: ☐ Church/church affiliated (Must select at least one.) ☐ Government entity ☐ Annual gross receipts normally \$5,000 or less **Financial Information** Organization has completed a full accounting year O Yes (Field appears if "Yes" option is selected.) Accounting year beginning date **Ending date** (Field appears if "Yes" option is selected.) O No First accounting year end date (Field appears if "No" option is selected.) (If "Yes" option is selected.) Beginning gross assets Gross dollar value of all contributions from solicitations Gross dollar value of revenue from all other sources Total gross receipts (Calculated by system.) Gross dollar value of expenditures for program services Total gross dollar value of all expenditures **Ending gross assets** (Calculated by system.) Percentage to program Solicitation comments (Optional field.)

☐ Organization solicited or collected cont	tributions in Washington during accounting year reported		
(Below check boxes appear if above check box is selected.)			
☐ Entertainment/Special Events			
☐ Telephone			
☐ Direct Mail			
☐ Product Sale			
☐ Personal Contact			
☐ Internet			
☐ Vehicle/Boat Donations			
☐ Newspaper/Magazine/Publicat	tion		
☐ Advertisement/Coupon Books			
☐ Email			
☐ Other	(Has text entry field.)		
$\hfill\square$ Organization is registered to fundraise	outside of Washington		
(Below question & options appea	r if check box is selected:)		
List of other states where register	red is attached?		
O Yes			
O No			
Current officers or persons accepting res			
(For each officer/person who was previou	ısly added:)		
First name			
Last name			
☐ Address & phone same as entit	(Imports entity mailing address.)		
Address 1	45		
Address 2	(Optional field.)		
Zip	(Entering zip here enables auto-fill on rest of address.)		
City			
State			
Country			
Phone			
	Presents another set of fields like the above. User can add as nany officers/persons as necessary.)		
☐ Organization pays any officers or emplo	Ovees		
	theck box selected. User can enter up to 3 names. Names		
	B highest paid officers or employees.)		

Legal Information Entity name First name Last name Address 1 Address 2 Zip City State Country	(Optional field.) (Entering zip here enables auto-fill on rest of address.)
(Below Organiz	anization states that it has legal actions question & options appear if check box is selected:) ration has submitted list of legal actions, including court or other forum, case number, legal action, and date of each action?  O Yes  O No
(If chec on and	uses one or more commercial fundraisers to solicit contributions in Washington k box is selected, user can access search feature that allows fundraisers to be searched added. Fundraisers previously added for the charity are already listed, and user can them as necessary. Below question & options appear if check box is selected:)
All repo	O Yes O No  (If "No" option is selected:) Name of unregistered fundraiser  (User can add as many as necessary.)
•	son ludes signature, printed name & title, and signature date for charity's president, mparable officer
First Name Last Name Title	

## **Contact Information**

First Name

Last Name

Phone

E-mail

#### 2.1.3. Renew Charitable Organization

The Renew Charitable Organization screen allows the user to modify the appropriate system fields per the information on the customer's renewal form.

#### Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system has

for charity. Registration number is most likely entered during mail receipt

process.)

FEIN

Entity name

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### **Entity street address**

☐ Same as mailing address (Imports mailing address info.)

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

(Additional addresses will appear if more addresses have previously been added.)

#### Other addresses used for soliciting

[Add Address] (Presents another set of address fields like the above. User can add as many

addresses as necessary.)

#### **Organizational Structure**

O Non-profit corporation

Location (Default is Washington.)

UBI

☐ UBI not provided			
Country	(If user selects "Foreign Co	ountry" as Location.)	
O Other	(Has text entry field.)		
Also Known As names	(Optional field. User can a	dd as many as needed.)	
Purpose/mission of organization	า		
Federal Tax Exemption			
O Exempt			
Federal Status Type			
IRS Determination Lette	er attached?		
O Yes			
O No			
O Non-exempt			
·			
If federal tax exempt but not re	quired to apply for IRS rulir	ng/designation, reason(s) why:	
☐ Church/church affiliated	(N	Must select at least one.)	
☐ Government entity			
☐ Annual gross receipts norma	lly \$5,000 or less		
Financial Information			
Beginning gross assets			
Gross dollar value of all contribu	itions from solicitations		
Gross dollar value of revenue fr			
Total gross receipts	om an other sources	(Calculated by system.)	
Gross dollar value of expenditur	res for program services	(Caroaratea by System)	
Total gross dollar value of all ex	· -		
Ending gross assets	p 0.1.4.1.4.1.00		
Percentage to program		(Calculated by system.)	
Solicitation comments	(Optional field.)	(30.00.00000000000000000000000000000000	
☐ Organization solicited or colle	ected contributions in Was	hington during accounting year reported	
(Below check boxes app	pear if above check box is se	elected.)	
☐ Entertainment/Speci	al Events		
☐ Telephone			
☐ Direct Mail			
☐ Product Sale			
☐ Personal Contact			
☐ Email			
☐ Vehicle Donations			
☐ Internet			

_	as submitted list of legal actions, inclu ion, and date of each action?	iding court or other forum, case number,
O Yes		
O No		
Commercial Fundraiser	's	
☐ Organization uses or	e or more commercial fundraisers to	solicit contributions in Washington
on and added. I		ure that allows fundraisers to be searched charity are already listed, and user can as appear if check box is selected:)
All reported fur	ndraisers are registered?	
O Yes		
O No		
	(If "No" option is selected:)	
	Name of unregistered fundraiser	(User can add as many as necessary.)
Authorized Person Registration includes sig treasurer, or comparab O Yes O No	gnature, printed name & title, and sig le officer	nature date for charity's president,
First Name		
Last Name		
Title		
Contact Information		
First Name		
Last Name		
Phone		
E-mail		

#### 2.1.4. Close Charitable Organization

The Close Charitable Organization screen allows the user to modify system fields or enter new data into the system per the customer's closure form.

#### Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system

has for charity. Registration number is most likely entered during mail receipt

process.)

FEIN (Read-only field.)
UBI (Read-only field.)
Entity name (Read-only field.)

Entity email

Entity website (Optional field.)

Entity phone

### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### **Registration Closure**

IhΔ	organization	IC VA	luntarily c	lacina itc	ragistration

O Yes

O No

Provide reason: (Appears if Yes is selected.)

O No longer exists in WA

O Doesn't raise \$ in WA

O Not required to register

### Financial Information – Final Report

Accounting year beginning date
Accounting year ending date
Beginning gross assets

#### Revenue

Gross dollar value of all contributions from solicitations Gross dollar value of revenue from all other sources

Total gross receipts (Calculated by system.)

Phone E-mail

Expenses	
Gross dollar value of expenditu	res for program services
Total gross dollar value of all ex	penditures
Percentage to program	(Calculated by system.)
Assets	
Ending gross assets	
Solicitation comments	(Optional field.)
Closure date	
Effective date of closure	
O Date of filing	
O Specific date	(Has text entry field.)
Authorized Person	
Registration includes signature, treasurer, or comparable office	printed name & title, and signature date for charity's president, r
O Yes	
O No	
First Name	
Last Name	
Title	
Contact Information	
First Name	
Last Name	

## 2.1.5. Register Fundraising Service Contract

The Register Fundraising Service Contract screen allows the user to enter data into the system per the

customer's registr	ation form.
Fields on this scre	<u>en</u>
Registration numb	oer (When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)
FEIN	
UBI	
Entity name	
Entity email	
Entity phone	
Entity mailing add	Iress
Address 1	
Address 2 (C	Optional field.)
Zip (E	ntering zip here enables auto-fill on rest of address.)
City	
State	
Country	
	raiser representative responsible for fundraising in Washington
Individual's name	
Types of fundraisi	ng services provided by commercial fundraiser
☐ Entertainment/	Special Events
☐ Telephone	
☐ Direct Mail	
☐ Product Sale	
☐ Personal Conta	ct
☐ Internet	
☐ Vehicle/Boat D	
	gazine/Publication
Advertisement,	Coupon Books
☐ Email	
☐ Other	(Has text entry field.)

Commercial	fundraiser information	
Commercial	fundraiser's name	
Commercial	fundraiser's registration nu	mber
Phone		
Email addres	SS	
Commercial	fundraiser mailing address	
Address 1		
Address 2	(Optional field.)	
Zip		les auto-fill on rest of address.)
City		
State		
Country		
Contract ter	m dates	
Contract ter	m begin date	
Contract ter	<del>-</del>	
☐ Contract i	s perpetual with no end dat	te (Deletes any value in "Contract term end date" if selected.)
Date fundrai	ising will begin	
Date fundrai	ising will end	
Subcontract	ors utilized in conduct of so	plicitation
Subcontract	or's business name	
Contact first	name	
Contact last	name	
Subcontract	or's registration number	
Phone		
Email addres	SS	
Address 1		
Address 2		
Zip		(Entering zip here enables auto-fill on rest of address.)
City		
State		
Country		
Contract sub	omittal	
	as submitted copy of signed, rcial fundraiser?	, written contract/agreement between charitable organization
O Ye	es	

## O No

president,

Last Name Phone E-mail

Authorized Person
Registration includes signature, printed name & title, and signature date for charity's treasurer, or comparable officer
•
O Yes
O No
First Name
Last Name
Title
Charity's president, treasurer, or comparable officer
O Yes
O No
First Name
Last Name
Title
THE
Contact Information
First Name

direct benefit

## 2.1.6. Register Exempt Charitable Organization

The Register Exempt Charitable Organization screen allows the user to enter data into the system per the customer's registration form.

the customer s registration form.	
Fields on this screen	
FEIN Entity name Entity email □ Send annual renewal reminders via email	(Required if annual renewal check box is selected.)
Entity phone	(Optional field.)
Entity mailing address Address 1	
Address 2 (Optional field.)  Zip (Entering zip here enables au  City  State  Country	to-fill on rest of address.)
Entity street address Address 1	
Address 1 Address 2 (Optional field.) Zip (Entering zip here enables au City State Country	to-fill on rest of address.)
Exemption qualification  Is anyone compensated for soliciting or collect  O Yes  O No	cting contributions in WA on the organization's behalf?
<ul><li>(This option is not available if</li><li>O Church or integrated auxiliary</li><li>O Political organization</li></ul>	, or all activities including fundraising are unpaid f "Yes" is selected above.)  ividual or family unit expended solely for the individual's

Organizational Structure	
O Non-profit corporation	
Location	(Default is Washington.)
UBI	
☐ UBI not provided	
Country	(If user selects "Foreign Country" as Location.)
O Other	(Has text entry field.)
Also Known As names	(Optional field. User can add as many as needed.)
Purpose/mission of organization	n
Federal Tax Exemption	
O Exempt	
Federal Status Type	
IRS Determination Lette	er attached?
O Yes	
O No	
O Non-exempt	
If federal tax exempt but not re	quired to apply for IRS ruling/designation, reason(s) why:
☐ Church/church affiliated	(Must select at least one.)
☐ Government entity	
☐ Annual gross receipts norma	lly \$5,000 or less
Authorized Person	
_	printed name & title, and signature date for charity's president,
treasurer, or comparable office	r
O Yes	
O No	
First Name	
Last Name	
Title	
Contact Information	
First Name	
Last Name	
Phone	
E-mail	

#### 2.1.7. Amend Exempt Charitable Organization

The Amend Exempt Charitable Organization screen allows the user to enter data into the system per the customer's amendment form.

Fields o	on this	screen
----------	---------	--------

Registration number (When entered, system auto-fills remaining fields with latest data that system has

for charity. Registration number is most likely entered during mail receipt

process.)

FEIN

Entity name

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### **Entity street address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### **Exemption qualification**

Is anyone compensated for soliciting or collecting contributions in WA on the organization's behalf?

O Yes

O No

#### Basis of exemption

O Raising less than \$50,000 per year, or all activities including fundraising are unpaid

(This option is not available if "Yes" is selected above.)

O Church or integrated auxiliary

O Political organization

O Appeals on behalf of a specific individual expended solely for the individual's direct benefit

Organizational Structure O Non-profit corporation Location UBI	(Default is Washington.)
☐ UBI not provided	
Country	(If user selects "Foreign Country" as Location.)
O Other	(Has text entry field.)
Also Known As names	(Optional field. User can add as many as needed.)
Purpose/mission of organization	n
Federal Tax Exemption	
O Exempt	
Federal Status Type	
IRS Determination Lette	er attached?
O Yes O No	
O Non-exempt	
If federal tax exempt but not re	quired to apply for IRS ruling/designation, reason(s) why:
☐ Church/church affiliated	(Must select at least one.)
☐ Government entity	
☐ Annual gross receipts norma	lly \$5,000 or less
Authorized Person	uninted access 0 kills and circush are data for about 12 and circush
treasurer, or comparable office	printed name & title, and signature date for charity's president, r
O Yes	
O No	
First Name	
Last Name	
Title	
Contact Information	
First Name	
Last Name	
Phone E-mail	
L-IIIdli	

#### Renew Exempt Charitable Organization 2.1.8.

The Renew Exempt Charitable Organization screen allows the user to modify the appropriate system fields per the information on the customer's renewal form.

	<b>Fields</b>	on	this	screen
--	---------------	----	------	--------

O No

Fields on this scre	<u>een</u>			
Registration num	fo	(When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)		
FEIN				
Entity name				
Entity email			(Required if annual renewal check box is selected.)	
☐ Send annual re	enewal	l reminders via email		
Entity website			(Optional field.)	
Entity phone				
Entity mailing ad	dress			
Address 1				
Address 2 (	Option	nal field.)		
Zip (	(Entering zip here enables auto-fill on rest of address.)			
City				
State				
Country				
Entity street add	ress			
☐ Same as mailir	ng addi	ress (Imports mailir	ng address info.)	
Address 1				
Address 2		(Optional field.	.)	
Zip		(Entering zip h	ere enables auto-fill on rest of address.)	
City				
State				
Country				
(Additional addre	esses w	vill appear if more addre	esses have previously been added.)	
Exemption qualif	ficatio	n		
Is anyone compe O Yes	nsated	I for soliciting or collecti	ing contributions in WA on the organization's behalf?	

Basis of exemption	
O Raising less than \$50	0,000 per year, or all activities including fundraising are unpaid
(This option is I	not available if "Yes" is selected above.)
O Church or integrated	d auxiliary
O Political organization	1
O Appeals on behalf of	f a specific individual expended solely for the individual's direct benefit
Organizational Structure	
O Non-profit corporation	
Location	(Default is Washington.)
UBI	
☐ UBI not provided	
Country	(If user selects "Foreign Country" as Location.)
O Other	(Has text entry field.)
Also Known As names	(Optional field. User can add as many as needed.)
Purpose/mission of organizatio	n
Federal Tax Exemption	
O Exempt	
Federal Status Type	
IRS Determination Lette	er attached?
O Yes	
O No	
O Non-exempt	
O Non exempt	
If federal tax exempt but not re	equired to apply for IRS ruling/designation, reason(s) why:
☐ Church/church affiliated	(Must select at least one.)
☐ Government entity	(ividst select at least one.)
☐ Annual gross receipts norma	ully \$5,000 or loss
Aillidai gioss receipts norma	11y \$3,000 of less
Authorized Person	
	, printed name & title, and signature date for charity's president,
treasurer, or comparable office	
O Yes	•
O No	
<b>○ 110</b>	
First Name	
Last Name	
Title	
Title	

## **Contact Information**

First Name

Last Name

Phone

E-mail

O No

## 2.1.9. Close Exempt Charitable Organization

The Close Exempt Charitable Organization screen allows the user to modify system fields or enter new data into the system per the customer's closure form.

data into the systen	n per the customer's closure form.
Fields on this screer	<u>1</u>
Registration numbe	r (When entered, system auto-fills remaining fields with latest data that system has for an exempt registration. Registration number is most likely entered during mail receipt process.)
FEIN	(Read-only field.)
Entity name	(Read-only field.)
Entity email	
Entity website	(Optional field.)
Entity phone	
Entity mailing addre	ess
Address 1	
Address 2 (Op	tional field.)
Zip (Ent	tering zip here enables auto-fill on rest of address.)
City	
State	
Country	
Closure date	
Effective date of clo	sure
O Date of f	iling
O Specific o	date (Has text entry field.)
Registration Closure	e
The organization is	voluntarily closing its registration
O Yes	
O No	
Provide reason:	(Appears if Yes is selected.)
O No longe	r exists in WA
O Doesn't r	raise \$ in WA
O Not requ	ired to register
Authorized Person	
Registration include treasurer, or compa	es signature, printed name & title, and signature date for charity's president, arable officer
O Yes	

First Name Last Name Title

## **Contact Information**

First Name Last Name Phone E-mail

#### 2.2. Fundraisers Screens

This section details the contents of the Fundraisers screens listed in Section 1.

#### 2.2.1. Register Fundraiser Organization

The Register Fundraiser Organization screen is used to enter data into the system per the customer's registration form.

#### Fields on this screen

FEIN

UBI (Optional field.)

**Entity name** 

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

#### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### **Entity street address**

☐ Same as mailing address (Imports mailing address info.)

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

(Additional addresses will appear if more addresses have previously been added.)

#### Other addresses used for soliciting

[Add Address] (Presents another set of address fields like the above. User can add as many

addresses as necessary.)

#### **Organizational structure**

Fundraiser's stated organizational structure

O Profit corporation

Loca		(Default is Washington.)	
Cour	ntry	(If user selects "Foreign Co	ountry" as Location.)
O Limited Li	ability Company		
Loca	tion	(Default is Washington.)	
O Other		(Has text entry field.)	
Surety bond			
Copy of fundraiser's	surety bond is attac	hed?	
O Yes O No			
Name of bonding co Bond number	mpany		
bona namber			
Also Known As name	es (Optiona	al field. User can add as ma	any as needed.)
Subcontractors			
☐ Fundraiser uses su	ubcontractors		
•			at allows subcontractors to be
searched on box is select		ion ID and added. Below q	uestions & options appear if check
List of charity clients	and registration nu	mber supported by this fur	ndraiser is attached?
List of charty enems	and registration na		asked for each subcontractor added.)
O Ye	es		
O N	0		
All reported	subcontractors are	registered?	
O Ye	es		
ON			
	(If "No" option is	•	
	Name of unregis	tered subcontractor (U	ser can add as many as necessary.)
Financial informatio	n		
Year-end date of the	first accounting yea	r during which solicitation	s will be conducted in Washington
Organization has cor	npleted a full accou	nting year?	
O Yes			
Acco	ounting year beginni	ng date (Field appe	ears if "Yes" option is selected.)
Endi	ng date	(Field appe	ears if "Yes" option is selected.)

O No			
First accounting year	end date (Field a	(Field appears if "No" option is selected.)	
Solicitation report for preceding, com	npleted accounting year	(Section appears only if "Yes" option is selected above.)	
Beginning date of last completed acco	ounting year		
Ending date of last completed accoun	ting year		
Total dollar value of contributions rec	eived		
Total contributions received in WA	ral contributions received in WA (Optional field.)		
Total dollar amount of funds to charit	ies		
Total funds disbursed to WA Charities	(Option	(Optional field.)	
Solicitation comments	(Option	nal field.)	
Types of fundraising services conduct	ted		
☐ Organization solicited or collected or		on during accounting year reported	
(Below check boxes appear if	_		
☐ Entertainment/Special Eve		•	
☐ Telephone			
☐ Direct Mail			
☐ Product Sale			
☐ Personal Contact			
□ Internet			
☐ Vehicle/Boat Donations			
☐ Newspaper/Magazine/Pub	lication		
☐ Advertisement/Coupon Bo			
□ Email			
☐ Other	(Has text entry field.)		
States where fundraising is performe	ad.		
☐ Organization is registered to solicit			
(Below question and options a	· ·	cted )	
List of states where organizati		-	
O Yes	ion is registered to rundra	ise is attached:	
O No			
Owners, officers or persons responsil	pie for fundraising activiti	les in wasnington	
First name			
Last name			
Title			
☐ Address & phone same as € Address 1	entity (Impor	ts entity mailing address.)	

	Addres	s 2		(Optional field.)		
	Zip			(Entering zip here enables auto-fill on rest of address.)		
	City					
	State					
	Countr	у				
	Phone					
	□ Resp	oonsible for fundraisin	g in Washington	(Appears for every officer/person added. Must be selected for at least one officer/person.)		
[Add Another Officer/Person]			•	(Presents another set of fields like the above. User can add as many officers/persons as necessary.)		
☐ Thre	e Highe	st Paid Officers or emp	oloyees			
				ected. User can enter up to 3 names. Names I officers or employees.)		
Person	or Entit	y that prepares, revie	ws or audits finar	ncial information		
Entity r	name					
First na	ıme					
Last na						
Addres						
Addres	s 2	(Optional field.)				
Zip		(Entering zip here en	ables auto-fill on i	rest of address.)		
City						
State Countr	у					
□ Com	ımercial	Fundraiser states that	it has legal action	ns		
	(Below	question & options ap	ppear if check box	is selected:)		
	_	zation has submitted I legal action, and date	_	, including court or other forum, case number,		
		O Yes				
		O No				
Charita	ıble orga	anizations for which so	ervices were prov	ided in WA during reported accounting year		
	Name o	of charitable organizat	ion			
	Charity	registration number				
	FEIN					
	Addres	s 1				
	Addres	s 2	(Optio	nal field.)		
	Zip		(Enter	ing zip here enables auto-fill on rest of address.)		

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
City	
State	
Country	
Phone	
Contract begin date	
Contract end date	
[Add Another Organization]	(Presents another set of fields like the above. User can add as many organizations as necessary.)
Authorized Person	
	rinted name & title, and signature date for charity's president,
treasurer, or comparable officer	
O Yes	
O No	
First Name	
Last Name	
Title	
Contact Information	
First Name	
Last Name	
Phone	
E-mail	

### 2.2.2. Amend Fundraiser Organization

The Amend Fundraiser Organization screen allows the user to modify the appropriate system fields per the customer's amendment form.

## Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system has

for fundraiser. Registration number is most likely entered during mail receipt

process.)

**FEIN** 

UBI (Optional field.)

Entity name

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### **Entity street address**

☐ Same as mailing address (Imports mailing address info.)

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

(Additional addresses will appear if more addresses have previously been added.)

## Other addresses used for soliciting

[Add Address] (Presents another set of address fields like the above. User can add as many

addresses as necessary.)

#### **Organizational structure**

Fundraiser's stated organizational structure

O Profit corporation

Location	(Default is Washington.)
Country	(If user selects "Foreign Country" as Location.)
O Limited Liability Company	
O Limited Liability Company  Location	(Default is Washington.)
Edeation	(Detaute is Washington.)
O Other	(Has text entry field.)
Surety bond	
Copy of fundraiser's surety bond is att	ached?
O Yes	
O No	
Name of handing company	
Name of bonding company Bond number	
Bona namber	
Also Known As names (Option	onal field. User can add as many as needed.)
Subcontractors	
☐ Fundraiser uses subcontractors	
	can access search feature that allows subcontractors to be
box is selected:)	ration ID and added. Below questions & options appear if check
box is selected.	
List of charity clients and regis	stration number supported by this fundraiser is attached
(Question is asked for each su	bcontractor added.)
O Yes	
O No	
All reported subcontractors ar	e registered?
O Yes	
O No (If "No" option	n is colocted:)
	gistered subcontractor (User can add as many as necessary.)
Name of anic	gistered subcontractor (oser can add as many as necessary.)
Financial information	
Year-end date of the first accounting y	year during which solicitations will be conducted in Washington
Accounting year beginning date	(Field appears if "Yes" option is selected.)
Ending date	(Field appears if "Yes" option is selected.)

Solicitation report for preceding, completed accou	unting year
Beginning date of last completed accounting year	(Auto-fill from Financial Information.)
Ending date of last completed accounting year	(Auto-fill from Financial Information.)
Total dollar value of contributions received	
Total contributions received in WA	(Optional field.)
Total dollar amount of funds to charities	
Total funds disbursed to WA Charities	(Optional field.)
Solicitation comments	(Optional field.)
Types of fundraising services conducted	
☐ Organization solicited or collected contributions	in Washington during accounting year reported
(Below check boxes appear if above check	box is selected.)
☐ Entertainment/Special Events	
☐ Telephone	
☐ Direct Mail	
☐ Product Sale	
☐ Personal Contact	
☐ Internet	
☐ Vehicle/Boat Donations	
☐ Newspaper/Magazine/Publication	
☐ Advertisement/Coupon Books	
☐ Email	
☐ Other (H	as text entry field.)
States where fundraising is performed	
☐ Organization is registered to solicit outside of W	ashington
(Below question and options appear if chec	
List of states where organization is register	
O Yes	
O No	
Owners, officers or persons responsible for fundra	aising activities in WA
First name	-
Last name	
Title	
☐ Address & phone same as entity	(Imports entity mailing address.)
Address 1	
Address 2	(Optional field.)
Zip	(Entering zip here enables auto-fill on rest of address.)
City	
State	

Ph	untry one Responsible for fundraisi	ng in Washington	(Appears for every officer/person added. Must
	•		be selected for at least one officer/person.)
[Add Another Officer/Person]			her set of fields like the above. User can add as persons as necessary.)
☐ Three c	urrent officers or employe	ees receiving the gr	eatest compensation
Na			ected. User can enter up to 3 names. Names I officers or employees.)
Entity name First name Last name Address 1 Address 2 Zip City State Country		nables auto-fill on r at it has legal action	rest of address.)
Or		list of legal actions	, including court or other forum, case number,
Na Ch FE Ac Ac Zip Cit Sta	ime of charitable organiza arity registration number IN Idress 1 Idress 2	ation (Optio	ided in WA during reported accounting year  nal field.) ing zip here enables auto-fill on rest of address.)

Contract begin date
Contract end date

[Add Another Organization]

(Presents another set of fields like the above. User can add as many organizations as necessary.)

## **Authorized Person**

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

O Yes

O No

First Name

Last Name

Title

## **Contact Information**

First Name

Last Name

Phone

E-mail

### 2.2.3. Renew Fundraiser Organization

The Register Fundraiser Organization screen is used to enter data into the system per the customer's registration form.

## Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system has

for fundraiser. Registration number is most likely entered during mail receipt

process.)

FEIN

UBI (Optional field.)

**Entity name** 

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

### **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

### **Entity street address**

☐ Same as mailing address (Imports mailing address info.)

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

(Additional addresses will appear if more addresses have previously been added.)

## Other addresses used for soliciting

[Add Address] (Presents another set of address fields like the above. User can add as many

addresses as necessary.)

#### **Organizational structure**

Fundraiser's stated organizational structure

O Profit corporation

Locati Count		(Default is Washington) (If user selects "Fore	on.) ign Country" as Location.)
O Limited Lial Locati	oility Company on	(Default is Washingt	on.)
O Other		(Has text entry field.	)
Surety bond  Copy of fundraiser's so  O Yes  O No  O Already on	·	ached?	
Name	os" option is select of bonding comp number	•	
Also Known As names	(Optio	nal field. User can add	as many as needed.)
· · · · · · · · · · · · · · · · · · ·	s selected, user o y FEIN or Registr		are that allows subcontractors to be slow questions & options appear if check
· · · · · · · · · · · · · · · · · · ·	sked for each sub	tration numbers suppo ocontractor added.)	orted by this fundraiser is attached?
All reported so O Yes O No	(If "No" option		(User can add as many as necessary.)
Solicitation report for Beginning date of last Ending date of last co Total dollar value of co Total contributions re	completed accoumpleted account on tributions rece	ing year ived	r (Should auto-fill from financial report.) ional field.)

Total dollar amount of funds to charities	
Total funds disbursed to charities located in WA	(Optional field.)
Solicitation comments	(Optional field.)
Types of fundraising services conducted	
$\hfill\square$ Organization solicited or collected contributions in	Washington during accounting year reported
(Below check boxes appear if above check box	c is selected.)
☐ Entertainment/Special Events	
☐ Telephone	
☐ Direct Mail	
☐ Product Sale	
☐ Personal Contact	
☐ Internet	
☐ Vehicle/Boat Donations	
☐ Newspaper/Magazine/Publication	
☐ Advertisement/Coupon Books	
☐ Email	
☐ Other (Has t	text entry field.)
States where fundraising is performed	
☐ Organization is registered to solicit outside of Wash	nington
(Below question and options appear if check b	oox is selected.)
List of states where organization is registered	to fundraise is attached?
O Yes	
O No	
Owners, officers or persons responsible for fundraising	ng activities in Washington
First name	
Last name	
Title	
☐ Address & phone same as entity	(Imports entity mailing address.)
Address 1	
Address 2	(Optional field.)
Zip	(Entering zip here enables auto-fill on rest of address.)
City	
State	
Country	
Phone	
☐ Responsible for fundraising in Washington	(Appears for every officer/person added. Must be selected for at least one officer/person.)

## **Authorized Person**

Registration includes signature,	printed name & title,	, and signature date fo	r charity's president,
treasurer, or comparable office	r		

O Yes

O No

First Name

Last Name

Title

## **Contact Information**

First Name

Last Name

Phone

E-mail

### 2.2.4. Close Fundraiser Organization

The Close Fundraiser Organization screen allows the user to modify system fields or enter new data per the customer's closure form.

## Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system

has for fundraiser. Registration number is most likely entered during mail

receipt process.)

FEIN (Read-only field.)
UBI (Read-only field.)
Entity name (Read-only field.)

**Entity email** 

Entity website (Optional field.)

Entity phone

## **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

#### Final report for preceding, completed accounting year

Beginning date of last completed accounting year

Ending date of last completed accounting year

Total dollar value of contributions received

Total contributions rec'd in WA (Optional field.)

Total dollar amount of funds to charities

Total funds disbursed to charities located in WA (Optional field.)

Solicitation comments (Optional field.)

#### **Closure date**

Effective date of closure

O Date of filing

O Specific date (Has text entry field.)

#### **Authorized Person**

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

O Yes

O No

First Name Last Name Title

# **Contact Information**

First Name Last Name Phone E-mail

## 2.3. Trusts Screens

This section details the contents of the Trusts screens listed in Section 1.

#### 2.3.1. Register Charitable Trust

The Register Charitable Trust screen is used to enter a trust customer's data for a new registration.

Fields on this screen

FEIN

UBI (Optional field.)

Entity full legal name

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

**Entity phone** 

## **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

Entity street address (Street address is optional.)

☐ Same as mailing address

(Imports mailing address info.)

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

Federal tax-exempt status		
$\square$ Organization has applied for	federal tax-exempt status	
(Below question, option	ns & fields appear if check box is	selected:)
Date applied		
Has organization been g	granted IRS federal tax-exempt s	status?
O Yes		
Exempt	ion granted under 501(c)	(Field allows user to enter remaining digit, e.g., 501(c)(3)
IRS Det	ermination Letter is attached?	
	O Yes	
	O No	
O No		
Establishment of trust		
Type of document establishing	trust:	
O Articles of Incorpora	tion and Bylaws	
O Trust Agreement		
O Last Will and Testam	ent	
O Probate Order		
Trust instrument is attached?		
O Yes		
O No		
Trust instrument information	(Section appears only if Articles were selected above.)	s of Incorporation or Trust Agreement
(Below fields appear if Articles of	of Incorporation and Bylaws was	selected above:)
Name of corporation	(If UBI entered, auto-fill from C	orporations data.)
Date of incorporation	(If UBI entered, auto-fill from C	orporations data.)
(Below fields appear if Trust Ag	reement was selected above:)	
Name of trust		
Date of trust establishment		
	/o	
Last Will and Testament	(Section appears only if Last Wi	ill and Testament was selected above.)
Estate of		
Drobate Order (Costice	a annoars only if Drobata Ordon	was salasted above )
·	n appears only if Probate Order	was selected above.)
County probated Probate date		
Probate date  Probate number		
רוטשמנפ וועווושפו		

# **Charitable purposes**

Summary of organization's charitable purposes

Name :	and addres	ss of the charitable organization(s) that trust designates as beneficiary	(Optional.)
Entity i		so of the charteness organization(s) that trust designates as beneficiary	(Optional.)
Addres			
Addres		Optional field.)	
Zip	•	Entering zip here enables auto-fill on rest of address.)	
City	(-		
State			
Countr	У		
[Add B	eneficiary]	(Presents another set of fields like the above. User can add as many be necessary.)	neficiaries as
Financi	ial informa	tion	
☐ Orga	anization su	ubmitted federal tax return to IRS for fiscal/accounting year reported	
	-	elds and options appear if check box is selected:)	
	IRS Form	(Field is drop-down list containing 990, 990EZ & 99	OPF.)
		ax return is attached?	
		) Yes	
		O No	
		Not required to file IRS 990, 990EZ, 990 PF	
⊔ Enti	•	pleted first accounting year	
	•	eld appears if check box is selected:)	
	First year	accounting end date	
	ial report		
	nting year b		
	nting year e	end date	
_	ing assets		
	evenue		
		ons & program services	
•		officers, directors, trustees, etc.	
	xpenses		
Ending	assets		
Officer	s, director	s, or trustees	
Type:			
	O Individ	ual	
	O Entity		

Trustee first name Trustee last name Title Entity name	(If Inc	lividual.) lividual.) lividual.) tity.)
Address 1		
Address 2	(Optional field	d.)
Zip	(Entering zip I	here enables auto-fill on rest of address.)
City		
State		
Country		
Contact Phone		
[Add Another]		ents another set of fields like the above. User can add as many ers, directors, or trustees as necessary.)
Authorized Person		
Registration includes treasurer, or compara O Yes O No		ed name & title, and signature date for charity's president,
First Name		
Last Name		
Title		
Title		
Contact Information		
First Name		
Last Name		
Phone		
E-mail		
Washington Charitab	ole Trust Director	ry
☐ Include in Washin	gton Charitable 1	Trust Directory
(Below fields	appear if check l	pox is selected:)
Type of organ	nization	
O Gr	antmaker	
O Gr	antseeker	
О Во	oth Grantmaker 8	k Grantseeker
Grantmaker i		(Section appears only if "Grantmaker" or "Both Grantmaker & Grantseeker" option is selected.)
☐ Organizati	on accepts unsol	icited applications

Grants are made to: ☐ 501(c)(3) organization ☐ Other organizations ☐ Individuals	S
Average grant size  ○ \$5,000 or below  ○ \$5,001 - \$10,000  ○ \$10,001 - \$25,000  ○ \$25,001 - \$50,000  ○ \$50,001 or above	
·	If selected, user selects WA county from drop-down list.) Has text entry field.)
Suggested initial approach for gra  Letter Request information p Email Telephone call Do not call	
Contact person First name Last name Title Address 1 Address 2 (Optiona Zip (Entering City State Country Phone	l field.) g zip here enables auto-fill on rest of address.)
Purpose (up to 3)    A Arts, culture, human  B Educational institut	

□ D Animal-related activities □ E Health—general & rehabilitative □ F Mental health, crisis intervention □ G Disease/disorder/medical disciplines (multipurpose) □ H Medical research □ I Public Protection: crime/courts/legal services □ J Employment/jobs □ K Food, nutrition, agriculture □ L Housing/shelter □ M Public safety/disaster preparedness & relief	
☐ F Mental health, crisis intervention ☐ G Disease/disorder/medical disciplines (multipurpose) ☐ H Medical research ☐ I Public Protection: crime/courts/legal services ☐ J Employment/jobs ☐ K Food, nutrition, agriculture ☐ L Housing/shelter ☐ M Public safety/disaster preparedness & relief	
☐ G Disease/disorder/medical disciplines (multipurpose) ☐ H Medical research ☐ I Public Protection: crime/courts/legal services ☐ J Employment/jobs ☐ K Food, nutrition, agriculture ☐ L Housing/shelter ☐ M Public safety/disaster preparedness & relief	
<ul> <li>☐ H Medical research</li> <li>☐ I Public Protection: crime/courts/legal services</li> <li>☐ J Employment/jobs</li> <li>☐ K Food, nutrition, agriculture</li> <li>☐ L Housing/shelter</li> <li>☐ M Public safety/disaster preparedness &amp; relief</li> </ul>	
<ul> <li>□ I Public Protection: crime/courts/legal services</li> <li>□ J Employment/jobs</li> <li>□ K Food, nutrition, agriculture</li> <li>□ L Housing/shelter</li> <li>□ M Public safety/disaster preparedness &amp; relief</li> </ul>	
☐ J Employment/jobs ☐ K Food, nutrition, agriculture ☐ L Housing/shelter ☐ M Public safety/disaster preparedness & relief	
<ul><li>☐ K Food, nutrition, agriculture</li><li>☐ L Housing/shelter</li><li>☐ M Public safety/disaster preparedness &amp; relief</li></ul>	
☐ L Housing/shelter ☐ M Public safety/disaster preparedness & relief	
☐ M Public safety/disaster preparedness & relief	
□ N. Decreation laisure execute athletics	
☐ N Recreation, leisure, sports, athletics	
☐ O Youth development	
☐ P Human service—other multipurpose	
☐ Q International	
☐ R Civil rights/civil liberties	
☐ S Community improvement/development	
☐ T Philanthropy & volunteerism	
☐ U Science	
☐ V Social sciences	
☐ W Public affairs/society benefit	
☐ X Religion/spiritual development	
☐ Y Mutual membership benefit organizations	
☐ Z Unknown, unclassifiable	
<b>Grantseeker information</b> (Section appears only if "Grantseeker" option is selected.	)
Contact person	
First name	
Last name	
Title	
Address 1	
Address 2 (Optional field.)	
Zip (Entering zip here enables auto-fill on rest of address.)	
City	
State	
Country	
Phone	
Purpose (up to 3)	
☐ A Arts, culture, humanities	
<ul><li>☐ A Arts, culture, humanities</li><li>☐ B Educational institutions &amp; related activities</li><li>☐ C Environmental quality, protection</li></ul>	

☐ D Animal-related activities
☐ E Health—general & rehabilitative
☐ F Mental health, crisis intervention
☐ G Disease/disorder/medical disciplines (multipurpose)
☐ H Medical research
☐ I Public Protection: crime/courts/legal services
☐ J Employment/jobs
☐ K Food, nutrition, agriculture
☐ L Housing/shelter
☐ M Public safety/disaster preparedness & relief
□ N Recreation, leisure, sports, athletics
☐ O Youth development
☐ P Human service—other multipurpose
☐ Q International
☐ R Civil rights/civil liberties
☐ S Community improvement/development
☐ T Philanthropy & volunteerism
☐ U Science
☐ V Social sciences
☐ W Public affairs/society benefit
☐ X Religion/spiritual development
☐ Y Mutual membership benefit organizations
☐ Z Unknown, unclassifiable

#### 2.3.2. Amend Charitable Trust

The Amend Charitable Trust screen is used to enter data into the system per the customer's registration form.

## Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system has

for Trust. Registration number is most likely entered during mail receipt process.)

FEIN

UBI (Optional field.)

Entity full legal name

Entity email (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website (Optional field.)

Entity phone

## **Entity mailing address**

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

Entity street address (Street address is optional.)

☐ Same as mailing address (Imports mailing address info.)

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

Federal tax-exempt status		
☐ Organization has applied	for federal tax-exempt status	
(Below question, op	tions & fields appear if check box is	s selected:)
Date applied		
Has organization be	en granted IRS federal tax-exempt	status?
O Yes		
Exer	mption granted under 501(c)	(Field allows user to enter remaining digit, e.g., 501(c)(3)
IRS I	Determination Letter is attached?	
	O Yes	
O No	O No	
O No		
Establishment of trust		
Type of document establishi	ng truct:	
O Articles of Incorpo		
O Trust Agreement	oration and bylaws	
O Last Will and Test	ament	
O Probate Order	ament	
o riobate order		
Trust instrument information	n (Section appears only if Article	s of Incorporation was selected above.)
	es of Incorporation and Bylaws wa	
Name of corporation	,	,
Date of incorporation		
•	/or bylaws have been amended?	
O Yes		
O No		
The amended Trust instrume	ent is attached?	
O Yes		
O No		
(Below fields appear if Trust	Agreement was selected above:)	
Name of trust		
Date of trust establishment		
Last Will and Testament	(Section appears only if Last W	fill and Testament was selected above.)
Estate of		

Probate Order County probate Probate date Probate numbe	
Trust is establis O Yes O No	hed by Trust Agreement or Last Will and Testament?
Amended trust O Yes O No	agreement is attached?
Trust instrumer O Yes O No	it is attached?
Charitable purp Summary of org	oses ganization's charitable purposes
Name and addi Entity name Address 1	ess of the charitable organization(s) that trust designates as beneficiary (Optional.)
Address 2 Zip City State Country	(Optional field.) (Entering zip here enables auto-fill on rest of address.)
[Add Beneficiar	(Presents another set of fields like the above. User can add as many beneficiaries as necessary.)
(Below IRS Form	submitted federal tax return to IRS for fiscal/accounting year reported fields and options appear if check box is selected:)

☐ Entity has completed first accounting year  (Below field appears if check box is selected:)  First year accounting end date		
Financial report Accounting year begin Accounting year end da Beginning assets Total revenue Grants, contributions & Compensation of office Total expenses Ending assets	ate	
Officers, directors, or to Type:  O Individual O Entity	rustees	
Trustee first name Trustee last name Title Entity name Address 1 Address 2 Zip City State Country Contact Phone	(If Individual.) (If Individual.) (If Entity.)  (Optional field.) (Entering zip here enables auto-fill on rest of address.)	
[Add Another]	(Presents another set of fields like the above. User can add as many officers, directors, or trustees as necessary.)	
Authorized Person Registration includes si treasurer, or comparab O Yes O No	gnature, printed name & title, and signature date for charity's president, ble officer	

First Name Last Name Title	
Title	
Contact Information	
First Name	
Last Name	
Phone	
E-mail	
Washington Charitable Trust Directory	1
☐ Include in Washington Charitable Tru	ust Directory
(Below fields appear if check be	ox is selected:)
Type of organization	
O Grantmaker	
O Grantseeker	
O Both Grantmaker &	Grantseeker
Grantmaker information	(Section appears only if "Grantmaker" or "Both Grantmaker & Grantseeker" option is selected.)
☐ Organization accepts unsolic	cited applications
Grants are made to:	
☐ 501(c)(3) organization	ons
☐ Other organizations	
☐ Individuals	
Average grant size	
○ \$5,000 or below	
O \$5,001 - \$10,000	
O \$10,001 - \$25,000	
O \$25,001 - \$50,000	
O \$50,001 or above	
Geographic service area	
☐ Washington State	
☐ Pacific Northwest	
☐ United States	
☐ County	(If selected, user selects WA county from drop-down list.)
☐ Other	(Has text entry field.)

Suggested initial appro	pach for grantseekers
☐ Letter	
☐ Request inf ☐ Email	ormation packet
☐ Telephone	(Has text entry field.)
☐ Do not call	Lali
☐ Other	(Has text entry field.)
Contact person	
First name Last name	
Title	
Address 1	
Address 2	(Optional field.)
Zip	(Entering zip here enables auto-fill on rest of address.)
City	
State	
Country	
Phone	
Purpose (up to 3)	
☐ A Arts, cult	ure, humanities
☐ B Education	nal institutions & related activities
☐ C Environm	nental quality, protection
☐ D Animal-r	elated activities
	general & rehabilitative
	ealth, crisis intervention
	disorder/medical disciplines (multipurpose)
☐ H Medical	
☐ J Employm	tection: crime/courts/legal services
• •	trition, agriculture
☐ L Housing/s	
	ofety/disaster preparedness & relief
	on, leisure, sports, athletics
☐ O Youth de	velopment
☐ P Human se	ervice—other multipurpose
☐ Q Internati	onal
R Civil right	s/civil liberties
	ity improvement/development
	opy & volunteerism
☐ U Science	

	<ul> <li>□ V Social sciences</li> <li>□ W Public affairs/society benefit</li> <li>□ X Religion/spiritual development</li> <li>□ Y Mutual membership benefit organizations</li> <li>□ Z Unknown, unclassifiable</li> </ul>		
	eeker information (Section appears only if "Grantseeker" option is selected.)  t person		
	First name		
	Last name		
	Title Address 1		
	Address 2 (Optional field.)		
	Zip (Entering zip here enables auto-fill on rest of address.)		
	City		
	State		
	Country		
	Phone		
Purpos	e (up to 3)		
	☐ A Arts, culture, humanities		
	☐ B Educational institutions & related activities		
	C Environmental quality, protection		
	□ D Animal-related activities		
	☐ E Health—general & rehabilitative		
	☐ F Mental health, crisis intervention		
	☐ G Disease/disorder/medical disciplines (multipurpose) ☐ H Medical research		
	☐ I Public Protection: crime/courts/legal services		
	☐ J Employment/jobs		
	☐ K Food, nutrition, agriculture		
	☐ L Housing/shelter		
	☐ M Public safety/disaster preparedness & relief		
	□ N Recreation, leisure, sports, athletics		
	□ O Youth development		
	☐ P Human service—other multipurpose		
	☐ Q International		
	☐ R Civil rights/civil liberties		
	☐ S Community improvement/development		
	☐ T Philanthropy & volunteerism		
	□ U Science		
	□ V Social sciences		

Corporations & Charities System	Staff Console Screen Content for Charities, Fundraisers, and Trusts
☐ W Public affairs/	society benefit
☐ X Religion/spiritu	ual development
☐ Y Mutual membe	ership benefit organizations
☐ Z Unknown, uncl	assifiable

#### 2.3.3. Renew Charitable Trust

The Renew Charitable Trust screen is used to enter data into the system per the customer's registration form.

## Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system

has for Trust. Registration number is most likely entered during mail receipt

process.)

**FEIN** 

(Optional field.) UBI

Entity full legal name

**Entity email** (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

**Entity website** (Optional field.)

**Entity phone** 

## **Entity mailing address**

Address 1

Address 2 (Optional field.)

(Entering zip here enables auto-fill on rest of address.) Zip

City State Country

**Entity street address** (Street address is optional.) (Imports mailing address info.)

☐ Same as mailing address

Address 1

Address 2 (Optional field.)

Zip (Entering zip here enables auto-fill on rest of address.)

City State Country

Federal tax-exempt status		
☐ Organization has applied for	federal tax-exempt status	
(Below question, option	ns & fields appear if check box is	s selected:)
Date of application		
Has organization been	granted IRS federal tax-exempt	status?
O Yes		
Exemp	tion granted under 501(c)	(Field allows user to enter remaining digit, e.g., 501(c)(3)
IRS Det	ermination Letter is attached?  O Yes	
	O No	
O No		
Establishment of trust	(Auto-fill fields	from initial registration.)
Type of document establishing	trust:	
O Articles of Incorpora	tion and Bylaws	
O Trust Agreement		
O Last Will and Testam	nent	
O Probate Order		
Trust instrument is attached?		
O Yes		
O No		
Trust instrument information	(Section appears only if Articles were selected above.)	s of Incorporation or Trust Agreement
(Below fields appear if Articles	of Incorporation and Bylaws was	s selected above:)
Name of corporation		
Date of incorporation		
•		
(Below fields appear if Trust Ag	reement was selected above:)	
Name of trust		
Date of trust establishment		
Last Mellas d'Estata de la	/C	""
Last Will and Testament	(Section appears only if Last W	ill and Testament was selected above.)
Estate of		
Probate Order (Sectio	n appears only if Probate Order	was selected above.)
County probated	, , , , , , , , , , , , , , , , , , , ,	
Probate date		
Probate number		

# **Charitable purposes**

Summary of organization's charitable purposes

Sammary or org	samzation 3 chartcasic parposes
Name and addi	ress of the charitable organization(s) that trust designates as beneficiary (Optional.)
Entity name	
Address 1	
Address 2	(Optional field.)
Zip	(Entering zip here enables auto-fill on rest of address.)
City	
State	
Country	
[Add Beneficiar	y] (Presents another set of fields like the above. User can add as many beneficiaries as necessary.)
Financial inforn	nation
□ Organization	submitted federal tax return to IRS for fiscal/accounting year reported
(Below	fields and options appear if check box is selected:)
IRS For	m (Field is drop-down list containing 990, 990EZ & 990PF.)
Copy of	tax return is attached?
	O Yes
	O No
	O Not required to file IRS 990, 990EZ, or 990PF
☐ Entity has co	mpleted first accounting year
(Below	field appears if check box is selected:)
First ye	ar accounting end date
Financial repor	t .
Accounting yea	r begin date
Accounting yea	r end date
Beginning asset	S
Total revenue	
Grants, contrib	utions & program services
Compensation (	of officers, directors, trustees, etc.
Total expenses	
Ending assets	
Officers, directo	ors, or trustees
Type:	
O Indiv	idual
O Entit	у

Trustee first name Trustee last name Title Entity name Address 1	(If Ind	ividual.) ividual.) ividual.) ity.)
Address 2	(Optional field	l. <b>)</b>
Zip	(Entering zip h	ere enables auto-fill on rest of address.)
City		
State		
Country		
Contact Phone		
[Add Another]		ents another set of fields like the above. User can add as many rs, directors, or trustees as necessary.)
Authorized Person Registration includes treasurer, or compar O Yes O No	•	d name & title, and signature date for charity's president,
First Name Last Name Title		
Contact Information		
First Name		
Last Name		
Phone		
E-mail		
Type of orga O G O G	gton Charitable Tr appear if check b	rust Directory pox is selected:)
Grantmaker	information	(Section appears only if "Grantmaker" or "Both Grantmaker & Grantseeker" option is selected.)

<ul> <li>□ Organization accepts unsolicited applications</li> <li>Grants are made to:</li> <li>□ 501(c)(3) organizations</li> <li>□ Other organizations</li> <li>□ Individuals</li> </ul>
Average grant size  ○ \$5,000 or below  ○ \$5,001 - \$10,000  ○ \$10,001 - \$25,000  ○ \$25,001 - \$50,000  ○ \$50,001 or above
Geographic service area  Washington State Pacific Northwest United States County (If selected, user selects WA county from drop-down list.)  Has text entry field.)
Suggested initial approach for grantseekers  Letter Request information packet Email (Has text entry field.) Telephone call Do not call Other (Has text entry field.)
Contact person First name Last name Title Address 1 Address 2 (Optional field.) Zip (Entering zip here enables auto-fill on rest of address.) City State Country Phone
Purpose (up to 3)     A Arts, culture, humanities

	☐ B Educatio	nal institutions & related activities					
	☐ C Environm	nental quality, protection					
	☐ D Animal-related activities						
	☐ E Health—general & rehabilitative						
	<ul><li>☐ F Mental health, crisis intervention</li><li>☐ G Disease/disorder/medical disciplines (multipurpose)</li></ul>						
	☐ H Medical research						
	☐ I Public Protection: crime/courts/legal services						
	☐ J Employment/jobs						
	☐ K Food, nutrition, agriculture						
	☐ L Housing/shelter						
	☐ M Public safety/disaster preparedness & relief						
	□ N Recreation, leisure, sports, athletics						
	☐ O Youth de	evelopment					
	☐ P Human service—other multipurpose						
	□ Q Internati	onal					
	☐ R Civil right	ts/civil liberties					
	☐ S Community improvement/development						
	☐ T Philanthr	opy & volunteerism					
	☐ U Science						
	□ V Social sci	ences					
	☐ W Public at	ffairs/society benefit					
	☐ X Religion/	spiritual development					
	☐ Y Mutual m	nembership benefit organizations					
	☐ Z Unknowr	n, unclassifiable					
Grant	seeker informat	ion (Section appears only if "Grantseeker" option is selected.)					
Conta	ct person						
	First name						
	Last name						
	Title						
	Address 1						
	Address 2	(Optional field.)					
	Zip	(Entering zip here enables auto-fill on rest of address.)					
	City						
	State						
	Country						
	Phone						
Purpo	se (up to 3)						
☐ A Arts, culture, humanities							
	☐ B Educatio	nal institutions & related activities					

☐ C Environmental quality, protection
☐ D Animal-related activities
☐ E Health—general & rehabilitative
☐ F Mental health, crisis intervention
☐ G Disease/disorder/medical disciplines (multipurpose)
☐ H Medical research
☐ I Public Protection: crime/courts/legal services
☐ J Employment/jobs
☐ K Food, nutrition, agriculture
☐ L Housing/shelter
☐ M Public safety/disaster preparedness & relief
□ N Recreation, leisure, sports, athletics
☐ O Youth development
☐ P Human service—other multipurpose
☐ Q International
☐ R Civil rights/civil liberties
☐ S Community improvement/development
☐ T Philanthropy & volunteerism
☐ U Science
☐ V Social sciences
☐ W Public affairs/society benefit
☐ X Religion/spiritual development
☐ Y Mutual membership benefit organizations
☐ Z Unknown, unclassifiable

# 2.3.4. Close Charitable Trust

Beginning assets

The Close Charitable Trust screen allows the user to modify system fields or enter new data into the system per the customer's closure form.

## Fields on this screen

Cover letter stat O Yes O No	ing that assets have been disbursed according to the trust instrument is attached?					
Registration nur	(When entered, system auto-fills remaining fields with latest data that system has for Trust. Registration number is most likely entered during mail receipt process.)					
FEIN	(Read-only field.)					
UBI	(Read-only field.)					
Entity name Entity email	(Read-only field.)					
Entity website Entity phone	(Optional field.)					
Entity mailing a	ddress					
Address 2	(Optional field.)					
Zip	(Entering zip here enables auto-fill on rest of address.)					
City State						
Country						
Does the organi: O Yes O No	zation file an IRS 990, 990EZ, 990PF with the Internal Revenue Service?					
(If "Yes"	option is selected:)					
	tax return for fiscal/accounting year reported is attached?  O Yes					
	O No					
(If "No"	option is selected:)					
Financia	•					
	ing year begin date					
Account	ing year end date					

Total revenue
Grants, contributions, and program services
Compensation of officers, directors, trustees, etc.
Total expenses
Ending assets

## **Closure date**

Effective date of closure

## **Authorized Person**

Registration	includes signature	, printed na	me & title	, and signa	ture date	for charity	's presiden	t,
treasurer, or	comparable office	er						

O Yes O No

First Name

Last Name

Title

#### **Contact Information**

First Name

Last Name

Phone

E-mail